


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

|   |   |
|---|---|
| DOCUMENT # L00000008588                     |  |
| 1. Entity Name<br>KINDER PROPERTIES, L.L.C. |   |

FILED

2009 MAY -6 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237 | Mailing Address<br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237 |
|--|--|



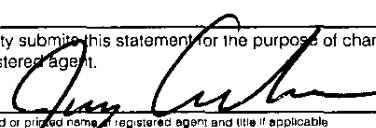
|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>2169 10TH STREET E. | 3. Mailing Address<br>2169 10TH STREET E. |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                       |

04212009 REIN-LLC CR2E101 (1/07)

|  |                             |                             |  |
|--|-----------------------------|-----------------------------|--|
| City & State<br>SARASOTA FL  | City & State<br>SARASOTA FL | 4. FEI Number<br>65-1024780 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>34237   | Country<br>SARASOTA         | Zip<br>34237                | Country<br>SARASOTA                                    |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                             |                             |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>ACKERMAN, JAY L<br>2169 -10 STREET E<br>SARASOTA, FL 34237 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4-28-09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

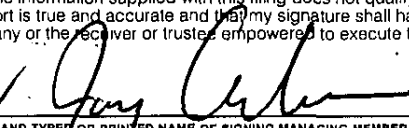
|                             |  |  |
|-----------------------------|--|--|
| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|-----------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ACKERMAN, JAY L<br>2169 - 10TH STREET E<br>SARASOTA, FL 34237 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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05/01/09--01002--014 \*\*277.50

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 4-28-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE